

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC			FEC IDENTIFICATION NUMBER ▼ C C00609388		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee 76 Words			Date of Public Distribution/Dissemination 05 / 22 / 2020		
Mailing Address 926 N St NW Rear			Amount 7500.00		
City Washington		State DC	Zip Code 20001-4485		Transaction ID : VTDG0AEBVY3
Purpose of Expenditure Digital Production - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 47658.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination 05 / 22 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 6408.00		
City Washington		State DC	Zip Code 20036-3040		Transaction ID : VTDG0AEBVZ1
Purpose of Expenditure Digital Advertisements - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Trump, Donald, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 47658.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			13908.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Shropshire, Adrianne, R., ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 05 / 22 / 2020		

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Break Something Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2020
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount 33750.00
City Washington	State DC	Zip Code 20036-3040
Purpose of Expenditure Digital Advertisements - Estimate	Category/ Type	Transaction ID : VTDG0AEBW09 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 47658.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	47658.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Shropshire, Adrienne, R., ,***[Electronically Filed]**

Date

MM / DD / YYYY
05 / 22 / 2020

Signature